



2018-2019
MERCER ISLAND HIGH SCHOOL
Steps to Complete Athletics Online Registration

Complete the following checklist for registration and eligibility for athletics

- A current **physical** is required to be on file in the Athletics office. Physicals are good for 2 years from the examination date. The physical must not expire during the season in which you are registering for. Each athlete also needs to have a current Athletic Health Form turned into the Athletics office. Athletic Health Forms are good for 1 school year. If you do not have these forms, you may download them [here](#).
- Each athlete must have a [completed signature page](#) on file with the Athletics office.
- Online Registration procedure:** Online registration is completed through InTouch. Use your Skyward Family Access login and password OR use the student's ID number (minus the leading zero) and last name as username and password. You may need to disable your cookies or lower your firewall settings while you are registering. Have your insurance and any other health information near you before you begin the registration process. The forms do not auto save.
 - Login from the Mercer Island High School Mainpage (under Families; select Online Fee payments) log on using your family skyward user name and password.
<https://wa-mercercerisland.intouchrecepting.com/>
 - Select student's name
 - Select items at Students School
 - Select Sports
 - Select 2018-2019 Registration & Payments
 - Select Registration Form
 - Select BUY for the form (Eligibility). Even though it says Buy, there is no charge for these forms.
 - Select Checkout Step 1: Additional information and fill out the form.
Select Checkout. A receipt will appear if you have registered correctly.
 -
- Submit Required Paper Forms to Athletic Office:**
 - 1) Athletic Health Form
 - 2) Signature Form
 - 3) Emergency contact Card
- Once your athlete has made the team, use the online payment system to pay the appropriate Sport Fee.

For questions, please call the Athletic Office at 206-230-6345.



2018-19 MIHS Signatures

Student Athlete:

Sport:

As Parent/Guardian of the above named Student, I (we) hereby acknowledge I (we) have read and understand the warning included on the online **Athletic Eligibility Handbook**, and still give permission for him/her to participate in all the sports and related activities offered by Mercer Island School District (if any exceptions please indicate which sport). We realize that falsification of requested information will result ineligibility and loss of team contests due to the participation of ineligible player. The signatures below acknowledge that a parent or guardian and the participating student acknowledge they carefully read this entire form and the information is true.

Parent/Guardian
Initial

Student
Initial

Risk and Safety Guidelines/ Safety

Athletic Training, Injury and Concussion

Sudden Cardiac Arrest

Concussion/ IMPact Testing

Athletics and Activities Conduct Code

MIHS Parent/Athlete Code of Ethics

Uniform and Equipment Fines:

Academic Eligibility Acknowledgment

By initial above and signing this form, I/we acknowledge that we have read and understand all forms and safety as it pertains to each specific sport.

Date: _____

Student/Athlete Signature: _____

Date: _____

Parent/Guardian Signature: _____

*****A SIGNATURE FORM MUST BE COMPLETED FOR EACH SPORT A STUDENT PARTICIPATES IN*****

MICHAEL ISLAND HIGH SCHOOL
ATHLETIC HEALTH FORM
To be filled out by the student/parent

Student _____ Birth Date _____ Grade _____ Gender _____

Address _____ Hm. Phone _____ Wk. Phone _____

Physician's Name (Please Print) _____ Phone _____

Physician's Address _____

Date of last Tetanus Immunization? _____ Date of last Measles Immunization? _____

Explain "Yes" answers below

- | | No | Yes |
|---|-----------------------|-----------------------|
| 1. Overnight hospitalizations, operations or surgery? Dates | <input type="radio"/> | <input type="radio"/> |
| 2. Are you presently taking any medication or pills? | <input type="radio"/> | <input type="radio"/> |
| 3. Do you have any allergies (medicine, bees or other stinging insects?) | <input type="radio"/> | <input type="radio"/> |
| 4. Have you ever passed out during or after exercise? | <input type="radio"/> | <input type="radio"/> |
| Have you ever been dizzy during or after exercise? | <input type="radio"/> | <input type="radio"/> |
| Do you tire more quickly than your friends during exercise? | <input type="radio"/> | <input type="radio"/> |
| Have you ever had high blood pressure? | <input type="radio"/> | <input type="radio"/> |
| Have you ever been told that you have a heart murmur? | <input type="radio"/> | <input type="radio"/> |
| Have you ever had racing of your heart or skipped heartbeats? | <input type="radio"/> | <input type="radio"/> |
| Anyone under 50 yrs old in the family die of heart problems? | <input type="radio"/> | <input type="radio"/> |
| 5. Do you have any skin problems? | <input type="radio"/> | <input type="radio"/> |
| 6. Have you ever had a head injury? | <input type="radio"/> | <input type="radio"/> |
| Have you ever been knocked out or unconscious? | <input type="radio"/> | <input type="radio"/> |
| Have you ever had a seizure? | <input type="radio"/> | <input type="radio"/> |
| Have you ever had a stinger, burn or pinched nerve? | <input type="radio"/> | <input type="radio"/> |
| 7. Have you ever had heat or muscle cramps? | <input type="radio"/> | <input type="radio"/> |
| Have you ever been dizzy or passed out in the heat? | <input type="radio"/> | <input type="radio"/> |
| 8. Do you have trouble breathing or do you cough during or after activity? | <input type="radio"/> | <input type="radio"/> |
| 9. Do you use any special equipment (pads, braces, mouth guard, etc?) | <input type="radio"/> | <input type="radio"/> |
| 10. Have you had any problems with your eyes or vision? | <input type="radio"/> | <input type="radio"/> |
| Do you wear glasses or contacts or protective eye or vision? | <input type="radio"/> | <input type="radio"/> |
| 11. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? | <input type="radio"/> | <input type="radio"/> |
| o Head o Shoulder o Thigh o Neck o Elbow o Knee o Chest o Foot | | |
| o Forearm o Shin/calf o Back o Wrist o Ankle o Hip o Hand | | |

12. Females Only: Have your menses begun? _____
 Do they come more often than once a month? _____ Less often than every two months? _____

Explain "Yes" answers to Questions 1-12 above: _____

The signature below indicates that a parent/guardian and the participating student acknowledge they have carefully read this form and the above information is true.

STUDENT SIGNATURE: _____ DATE: _____
 PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

MERCER ISLAND HIGH SCHOOL
PHYSICAL EXAMINATION

To be completed by a physician with signature for sports clearance once each school year
Mercer Island School District requires a physical exam every two years for sports participation

Name: _____ Date: _____

Height: _____ Weight: _____ BP: _____ / _____ Pulse: _____

Vision: R 20/ _____ L 20/ _____ Corrected: Y N Pupils _____

	Normal	Abnormal Findings	Initials
Cardiopulmonary			
Pulse			
Heart			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Other			

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for: _____

C. Not Cleared for: Collision

Contact

Activity level _____ Strenuous _____ Moderately strenuous _____ Non strenuous

Due to: _____

Recommendation: _____

Name of Physician: (PLEASE PRINT) _____ Phone: _____

Physician's Signature: _____ Date of Exam: _____

Date of Signature: _____

<p>For office use only Exam Exp: _____ Clearance Exp: _____</p>
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Mercer Island School District #400
Athletic Medical Emergency Authorization Form

All 2018-2019 Sports

Grade _____ Birthdate _____ Gender _____

Name _____ (Last) _____ (First) _____ (Ink.) Parent 1 Name _____ Parent 2 Name _____

Home Phone _____ Parent 1 Wk. Phone _____ Parent 2 Wk. Phone _____

Address: _____ Parent 1 Cell Phone _____ Parent 2 Cell Phone _____

_____ Email Address _____

Emergency Contact Name (other than parent) _____ Emergency Contact Phone _____

Severe Allergies _____ Drugs allergic to: _____ Date of Last Tetanus Shot _____

Emergency Medication _____ Chronic Illness _____

Significant Injuries or Illness (such as seizures, heart condition, fractures, concussions, or sport-related surgeries)

	Date	Injury	Location on Body	Comment
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Other past medical conditions that the school should be aware of are: (add any comments on students's physical condition deemed important):

Choice of Physician to be called in case of an emergency:

1. Name _____ Phone _____

Choice of Hospital to be used _____ Health Insurance Co. _____

As parent or legal guardian, I authorize the team physician, team trainer, or the coach to render the necessary emergency procedure for any such injury. I would also authorize the above persons to provide the appropriate course of professional emergency care, such as Aid Car, EMS, or emergency room transportation, including consultation and treatment by a specialist (ie. a surgeon or other medical professionals). Every effort will be made to contact the parents or guardians of the nature of the problem and the treatment involved beforehand.

SIGNED _____ **(Parent or Guardian)**